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PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) PF030164
In re Application of Philippe Le Roy et al. Application Number 10/583,844 Filed June 22, 2006 For IMAGE DISPLAY SCREEN AND METHOD FOR CONTROLLING SAID SCREEN Art Unit 2829 Examiner Yong H. Sim	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- One month (37 CFR 1.17(a)(1)) \$ _____
- Two months (37 CFR 1.17(a)(2)) \$ _____
- Three months (37 CFR 1.17(a)(3)) \$ 1110
- Four months (37 CFR 1.17(a)(4)) \$ _____
- Five months (37 CFR 1.17(a)(5)) \$ _____
- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-0832.

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number _____

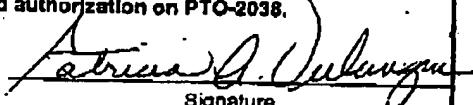
attorney or agent under 37 CFR 1.34(e).

Registration number if acting under 37 CFR 1.34(e). 42-201.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

February 28, 2011

Date



Signature

PATRICIA A. VERLANGIERI

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of forms are submitted.

This collection of information is required by 37 CFR 1.136(g). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the burden of this collection of information should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

04/20/2011 MMARZII 00000028 070832 10583844

01 FC:1253 1110.00 DA

Adjustment Date: 06/03/2011 CKHLOK
 04/20/2011 MMARZII 00000028 070832 10583844
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UNITED STATES PATENT & TRADEMARK OFFICE
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REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>06/01/11</u>		2 Serial/Patent # <u>10/583,844</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time 1253		04/20/11	\$ 1,253.00							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
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		7 TOTAL AMOUNT OF REFUND	\$ 1,253.00								
10 REASON:		8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Overpayment	Treasury Check									
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>7</td><td>--</td><td>0</td><td>8</td><td>3</td><td>2</td></tr></table>		0	7	--	0	8	3	2
0	7	--	0	8	3	2					
<input checked="" type="checkbox"/>	No Fee Due (Explanation): Extension of time cannot be paid after maximum extendable period for reply has expired.										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Douglas Ian Wood</u>		TITLE: <u>Petitions Attorney</u>									
SIGNATURE: <u>/dwood/</u>		PHONE: <u>571-272-3231</u>									
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